

Volume 14 Number 3, 1993

# BMC

Journal of the Canadian  
Health Libraries Association

## *Bibliotheca Medica Canadiana*

Le journal de l'Association des  
bibliothèques de la santé du Canada

- National Summit on Information Policy / Sommet National sur une Politique en Matière d'Information
- The International Role of the National Library of Medicine
- Preservation Programmes for Circulating Collections
- Disaster Plan for a Hospital Library
- NEOS: Forging the Partnership

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*Bibliotheca  
Medica  
Canadiana*

Volume 14  
number 3  
1993

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# **BIBLIOTHECA MEDICA CANADIANA**

The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library.

The **Bibliotheca Medica Canadiana** is published 4 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of the contributors and the editor and not the CHLA/ABSC.

**L**a **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillent dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées.

**Bibliotheca Medica Canadiana** est publié 4 fois par année par l'Association des Bibliothèques de la Santé du Canada. Les articles paraissant dans

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### ***La date limite de soumission des articles :***

volume 14(4)	26 février	1993
volume 15(1)	28 mai	1993
volume 15(2)	27 août	1993
volume 15(3)	3 décembre	1993

**Dear Peter**

Congratulations on the new look **BMC**, it really looks much better and brings it into the 1990's. It is not only the look either; the content of **BMC** gets better as time goes on.

I was pleased that the Board decided to retain the name **Bibliotheca Medica Canadiana** for the Association's official journal. This name avoids the necessity for a bilingual title and PJ Fawcett - **BMC**'s first Editor in 1979 - deserves credit for this.

One small point; it's a pity that the new format did not start with number 1 of volume 14. We are the first to complain if publishers change format or title in mid-volume!

Despite this, congratulations - and thank you for awarding me a "doctorate" on page 104.

David Crawford  
McGill Health Sciences Library

**Dear Sir:**

Regarding your new cover and format - did anyone consider what a binding problem volume 14 will be for next year?

Jill Anderson  
Acquisitions Manager  
School of Library and Information Science  
The University of Western Ontario

***Editor's Reply:***

The events that led to a mid-volume change are outlined above. I am sorry to say that the issue of binding the journal was not specifically discussed. In light of the difficulties

***Editor's Reply:***

I would like to thank everyone who had positive comments regarding the new look of **Bibliotheca Medica Canadiana**.

The mid-volume change was unfortunate. The transition of one editor to the other takes place in mid-volume and the change to **BMC**'s format coincided with the change in editors. The process of redesign of the cover (Graphic Plus, Edmonton) and the selection of a desktop publishing firm for the redesign of the interior and ongoing production of the journal (RE:Action Marketing Services, Toronto) took many months. In the end the choice was to change in mid-volume or wait until volume 15 number 1.

Finally, you're welcome, and sorry.

*P.S.*

you have so rightly identified, I offer the following solution:

As the Editor of **Bibliotheca Medica Canadiana**, and on behalf of the board of CHLA/ABSC, I grant all members of CHLA/ABSC and all other subscribers to **Bibliotheca Medica Canadiana** the right to photocopy the complete issue Volume 14, number 1 for the purposes of binding.

I hope this offer helps you with the binding problem and I apologize for the inconvenience involved.

*P.S.*

**Letters  
to the  
Editor**

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**From  
the  
Editors****Peter Schoenberg****Sandra J. Shores**

**S**everal comments about this issue, followed by a few other pieces of business.

Although there are no major visual changes to this issue of **Bibliotheca Medica Canadiana**, there are several new features and the fine tuning of the new look continues.

As mentioned in the last message from the editors, this issue presents a book review on a unique Canadian source. The advertising policy has been approved by the CHLA / ABSC board and is presented in this issue.

In this issue you will also find the first **BMC READERS SURVEY**. This survey is intended to be part of an ongoing series. The response to this first survey will decide whether the series continues. The information gathered will be presented in following issues if the response justifies it. We hope that the surveys give us all a better idea of what we are up to. Possible topics for future surveys include: participation in consortiums, software used in libraries, involvement in patient education and hospital reporting structures. We welcome any suggestions for future surveys and we look forward to your responses to survey number one.

We have two additional papers from the 1992 Conference in Winnipeg.

We have had a question about the role of **Bibliotheca Medica Cana-**

diana correspondents and how they are selected. In brief:

**Bibliotheca Medica Canadiana** correspondents' role is to collect local information (local initiatives, successes, issues and controversies, changes, new jobs, etc.), and forward it to the **Bibliotheca Medica Canadiana** editors.

Correspondents are picked by the local chapters.

Some chapters make the local Vice-President the **Bibliotheca Medica Canadiana** correspondent. In other chapters, the Correspondent is a separate position. The choice is entirely up to individual chapters.

One request for all **Bibliotheca Medica Canadiana** correspondents: let's have a country wide range of local news and events for the next issue. Deadline for the next issue is February 26, 1993.

One request for all chapters: when submitting your chapter reports please include the name of the **Bibliotheca Medica Canadiana** correspondent for 1993/94 along with the names of the rest of the new executive. Just as a very early reminder, the deadline for chapter reports is May 28, 1993.

Send in those surveys! Please let us know if you have any comments, questions or concerns, and enjoy this issue.

■

**BMC READERS' SURVEY #1 – ASSOCIATION MEMBERSHIPS**

Check all appropriate boxes and list specific chapters and divisions.

<b>Association Name</b>	<b>Were you a member in 1992 or earlier?</b>	<b>Will you be a member in 1993?</b>	<b>List specific chapters or divisions</b>
CHLA / ABSC	<input type="checkbox"/>	<input type="checkbox"/>	
Local CHLA / ABSC chapter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ontario Health Library Association (OHLA)	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Library Association (MLA)	<input type="checkbox"/>	<input type="checkbox"/>	
MLA Chapter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Canadian Library Association (CLA)	<input type="checkbox"/>	<input type="checkbox"/>	
CLA Division (e.g. CASLIS, CACUL)	<input type="checkbox"/>	<input type="checkbox"/>	_____
l'Association pour l'avancement des sciences et des techniques de la documentation	<input type="checkbox"/>	<input type="checkbox"/>	
Special Library Association (SLA)	<input type="checkbox"/>	<input type="checkbox"/>	
Other associations: <hr/> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Photocopy, complete, **fold here** and mail.

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Place  
Stamp  
Here

Peter Schoenberg, Editor BMC  
Glenrose Rehabilitation Hospital  
10230 – 111 Avenue  
Edmonton, Alberta  
T5G 0B7

## A Word from the President

**Jennifer Bayne**

Director, Library Services  
The Toronto Hospital  
(Toronto General Division)

### **Dear Colleagues,**

In my last "Word", I wrote asking for your input into CHLA / ABSC's strategic planning process. In this issue I would like to recognize the feedback we received and strategic ideas the Board generated from them by highlighting those "words" that best represent the direction our association members have identified. I would also draw your attention to an article I have written in this issue that provides you with a summary of the proceedings and recommendations of the "National Summit on Information Policy". This Summit, which I attended on behalf of CHLA / ABSC, was organized by the Canadian Library Association and l'Association pour l'avancement des sciences et des techniques de la documentation and sponsored by the Department of Communications and others. It was a forum for exchanging ideas and recommending action on strengthening Canada's information infrastructure and achieving equitable access to information for all Canadians.

I received a tremendous response from CHLA/ABSC Chapters regarding strategic planning. A number of "themes" were reiterated by several chapters. These included re-asserting a commitment to **resource sharing**, particularly by encouraging and supporting local chapter initiatives; stressing the importance of **continuing education**; and affirming the importance of **standards** to maintain quality library service.

At its fall meeting, the Board reviewed all input and re-evaluated the Association's planning document "Commitment to Change". Five major themes emerged - the

need to enhance communication both to clarify CHLA / ABSC roles' vis-à-vis those of chapters, and to strengthen relations with other library associations; to encourage **continuing education** course development through local chapters, with a focus on information technology training; to promote the **role and value** of health libraries and information services through such things as research on service outcomes, definition of library roles, training in such areas as research methodologies and negotiation skills, advertising and advocacy; to continue support for adherence to **library standards**; and to encourage **chapter development** through various initiatives. Several of these strategic plans imply obvious financial support from the Association. It is my hope that, with your input through the chapters, we shall be able to prioritize and identify those areas CHLA / ABSC would like to move towards in the near future. The importance of the chapters has never been so clear as when, with limited resources, the Association endeavours to provide equal opportunities to all its members.

Thank you all for your feedback. I look forward to receiving more in the months ahead, and will keep you apprised of all developments. I would again encourage our franco-phone members, in particular, to let us know if **your** needs are being met and how the Association might serve you better.

At this time of sharing and anticipation of the future, I would like to wish you all the best for the new year. May all your resolutions come true.

**Chers/chères collègues:**

Dans mon dernier «mot», j'ai demandé vos suggestions concernant le développement de la stratégie de planification de l'ABSC/CHLA. Dans ce numéro, j'aimerais mentionner les commentaires que nous avons reçus et les idées stratégiques que le Conseil en a retirées, en accentuant les «mots» qui représentent le mieux la direction identifiée par les membres de notre association. J'attirerais aussi votre attention sur un article que j'ai écrit dans ce numéro qui vous fournit un résumé du compte-rendu et des recommandations du «National Summit on Information Policy». Cette conférence au sommet à laquelle j'ai assisté au nom de l'ABSC/CHLA fut organisée par la «Canadian Library Association» et l'Association pour l'avancement des sciences et des techniques de la documentation et fut parrainée, entre autres, par le département de communications. Ce fut un forum où on a pu échanger des idées et recommander un plan d'action pour renforcer l'infrastructure de l'information au Canada et obtenir un accès équitable à l'information pour tous les canadiens.

Au sujet de la stratégie de planification, la réponse des sections régionales de l'ABSC / CHLA a été formidable. Plusieurs «thèmes» ont été réitérés par diverses sections. Entre autres, en réaffirmant un ferme engagement au partage des ressources, surtout en encourageant et en supportant les initiatives des sections régionales locales; en mettant en évidence l'importance des cours de perfectionnement; et en affirmant l'importance des normes au maintien de la qualité des services de bibliothèque.

À sa réunion d'automne, le Conseil a examiné toutes les suggestions et a réévaluer le document de planification de l'association «Commitment to Change». Cinq thèmes majeurs ont émergé – la nécessité de réhausser le degré de communication pour clarifier non seule-

ment les rôles de l'ABSC / CHLA vis-à-vis ceux des sections régionales, mais aussi, pour consolider les relations avec d'autres bibliothèques de l'association; d'encourager le développement des cours de perfectionnement par l'intermédiaire des sections locales, en concentrant sur la formation dans le domaine de la technologie de l'information; de promouvoir le rôle et la valeur des bibliothèques de la santé et des services de l'information au moyen de recherche axée sur les résultats de ces services, la définition des rôles de la bibliothèque, la formation dans des domaines tels que les méthodologies de la recherche et les compétences en matière de négociation, de publicité et dans le rôle de médiateur; de continuer à supporter l'adhésion aux normes établies; et à encourager le développement des sections régionales par l'intermédiaire de diverses initiatives. Plusieurs de ces plans stratégiques supposent évidemment un appui financier de la part de l'association. J'espère que grâce à la participation des sections, nous pourrons établir des priorités et identifier les directions vers lesquelles l'ABSC / CHLA aimerait se diriger à l'avenir. L'importance des sections régionales n'a jamais été aussi évidente que maintenant, alors que l'association en dépit de ressources limitées s'efforce de fournir l'égalité d'accèsibilité à tous ses membres.

Merci à tous pour vos commentaires. J'anticipe aussi votre participation dans les mois à venir, et je vous tiendrai au courant de tous les développements. J'aimerais de nouveau encourager nos membres francophones, en particulier, à nous faire savoir si on répond bien à leurs besoins et de quelle façon l'association pourrait mieux leur rendre service.

En ces temps de coopération et d'anticipation pour l'avenir, j'aimerais vous offrir mes meilleurs voeux pour la nouvelle année. Puissent toutes vos résolutions se réaliser.

*Traduit par Yolande McArthur*

## **Un Mot de la Présidente**

**Jennifer Bayne**

*Directrice des services  
de bibliothèque  
The Toronto Hospital  
(Toronto General Division)*

# National Summit on Information Policy

## Sommet National sur une Politique en Matière d'Information

### A Summary of the Issues

Jennifer Bayne

Director, Library Services  
The Toronto Hospital  
(Toronto General Division)

#### Background:

"All industrialized nations are developing policies to take account of the growing importance of information resources. More and more, economic growth depends on our ability to create, access and use information resources to add value and secure competitive advantage.... (However), the public is also concerned over the loss of privacy as databases containing personal information grow and become linked by global communications networks."

These were some of the issues identified in the introduction to a request from the Minister of Communications, Perrin Beatty, to respond to a document that would form the basis of a proposed Summit on Information Policy. The Summit, organized by the Canadian Library Association (CLA) and l'Association pour l'avancement des sciences et des techniques de la documentation (ASTED), and sponsored by the Department of Communications and others, took place in Ottawa in early December 1992. All recipients of the original document were asked to provide responses to a series of short discussion papers grouped under four themes: the changing role of information, information as a strategic resource, the infrastructure, and the people. The organizers planned to invite 200 individuals from organizations and agencies representing the viewpoints of industry and labour, private sector organizations and professional managers involved in various aspects of the information industry, government departments concerned with information related policies, and consumer groups.

CHLA / ABSC was asked to submit a proposal which I did after much discussion with other Board members. To my pleasure, we were asked to attend and the remainder of this paper describes the issues raised, process followed and conclusions drawn.

#### Issues addressed and group process followed:

Summit participants were sent several documents: a summary of respondents' views, a bibliography, and a handbook that discussed the legal context for information policy in Canada. (Anyone wishing to obtain copies of this material may contact me.)

Responses were grouped into four major themes that would help bring issues into perspective. These were: to achieve equitable access to information for all Canadians; to maximize the economic benefits of information and information technology for Canada; to develop the full human potential of Canadians to succeed in a knowledge-based society, and to strengthen Canada's informa-

tion infrastructure. The 171 invited delegates were divided into ten discussion groups with representation from each major interest group. Participants were then asked to address each of the questions above and then to summarize conclusions and recommendations. Each group had a chairperson and rapporteur. The major highlights of the summary report and those of the group in which I participated are summarized below:

***Theme I:  
Achieving Equitable  
Access to Information***

It was recognized that access to information may be impeded as a result of a variety of factors, including illiteracy, distance and time factors, cost, and general lack of awareness of the availability of the information. In order to eliminate barriers to access, the key players who produce, distribute or reprocess information must work collectively to identify solutions. The public and private sectors should collaborate to ensure that information produced by public institutions, in particular government, is made more readily available to private sector producers who could "repackage" the information more quickly and in a more readily understood format. Above all, there must be a forum through which issues can be identified, explored, debated and decided. Recommendations from each key sector to those who create policy should then be made.

These were some of the policy questions debated. Understandably, an initial central focus was a definition of "information". While parti-

pants agreed that information in its broadest sense should be made available, there was also strong consensus about the need to protect personal information from intrusive access.

Libraries were identified as an obvious resource and clearinghouse for public information of all kinds. The librarian's skills in identifying and locating materials, as well as in facilitating personal interactions were strongly reinforced. The need to support public institutions in more remote Canadian communities that provide access to information was identified as particularly important.

***Theme II:  
Developing the  
Human Potential***

For Canadians to succeed in an information and technology based society, we need a wider range of skills, from the readily acknowledged need for basic literacy to the less recognized ability to critically evaluate and analyze the vast amount of information available. To acquire these skills and change the competitive outlook for Canada, awareness of the importance and benefits of being able to access and use information is critical. An educational system that is responsive and prepared to provide students with experiential learning opportunities is needed as is greater integration of complementary disciplines. Industry must be involved in helping define needs and must also be encouraged to provide increased workplace retraining opportunities. Above all, however, the information technologies should be seen as

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National Summit on  
Information Policy

(continued)

*National Summit on  
Information Policy**(continued)*

instruments to enhance creativity and interpersonal communication and should be used to encourage diverse talents. By taking a strategic approach to these challenges, Canadians will position themselves to become world leaders in knowledge-based systems.

***Theme III:  
Maximizing the  
Economic Benefits***

Growth in the information technology industries is immense and the profits generated from them equally so. However, competition is fierce, and for Canada to meet the challenge, our economy must be transformed into a knowledge-based one. To do so, however, the structural barriers that hinder development need to be removed. It can be argued that Canada discourages competition and development of foreign markets through over-regulation and excessive taxation of the information industry. The result can be loss of market share and reduced productivity. In a worldwide economic environment that is being characterized by increasingly open borders, strategic alliances, and the development of global information technology standards, Canada must position itself to take advantage of new opportunities. By standardizing and liberalizing regulatory barriers, as well as investing in research and development, Canada's information technology industries will be better able to compete.

George Fierheller, CEO of Rogers Cantel and one of the keynote speakers at the summit, convincingly argued that Canada must also start to chart progress in terms of inform-

ation-oriented economic measures, rather than on the commodity or resource based ones traditionally used (e.g. housing starts). He also pointed out that the investment industry must start to re-assess its traditionally conservative approach to new information based ventures and recognize that by investing in these new technologies, potential returns will be much greater than those realized in more traditional but waning industries.

Countering the profit oriented perspective is a recognition that Canada has a value system based on a social welfare perspective. From an information technology perspective, this means that the public good and equality of development must be recognized. There was considerable discussion about copyright legislation in this context.

***Theme IV:  
Strengthening the  
Infrastructure***

George Fierheller introduced discussion on this policy area by rejecting the theme of "strengthening (an) infrastructure" in favour of "growing the infratechnology". In his view, the information technology environment is an organic one that needs to be encouraged to grow and change. Technology should be used to enhance communication and encourage diversity. To do this, he argued, Canada needs innovative leadership and a government willing to "seed" information technology development projects.

As part of the summary document distributed, it was pointed out that the "infrastructure" referred to is in fact an interconnected complex of

the network of information resources that includes libraries, the communications network including equipment needed to provide the interconnections, and the policy framework within which these all operate. Each area faces its own challenges. For libraries, as an example, widespread cuts are making access to information resources increasingly difficult, and is resulting in duplication of services as private sector companies move in to meet the demand. An area of particular concern was identified as that of standards development. At a time when global standards development, such as that occurring between EC countries, is progressing faster than it can be recorded, Canada must be a key player or systems will be developed that we cannot support.

Above all, Canada must agree and build consensus upon national information goals and principles. Within this framework, priorities can be re-assessed and policy changed or integrated.

### ***Keynote speakers and Perrin Beatty's announcement:***

Each of the four themes above was introduced by renowned participants in the information technology field. I have already referred to George Fierheller's insightful comments. His address was arguably the most directed and policy oriented. Alan Lytle, Vice-President of Marketing at Northern Telecom spoke to Theme III by reiterating that an information literate population is the basis for a strong informa-

tion economy. Theme II was introduced by John Godfrey, Vice-President, Canadian Institute for Advanced Research. He particularly encouraged interdisciplinary research on learning as the foundation for policy development in education and training.

Marianne Scott, National Librarian, forcefully presented the case for equitable access to information for all Canadians. She pointed out that major changes are affecting access, among them the explosion of available information, the huge capital investments now needed to keep abreast of new technologies, and the changing nature of technology users. Major stresses are therefore being placed on the information policy field.

The most theatrical aspect of the Summit was Perrin Beatty's press conference on December 7th. At it, he announced the creation of a Telecommunications Privacy Protection Agency, established by industry and consumer groups. Its role will be, among other things, to monitor issues of personal privacy violations. As the press pointed out the following morning, however, this Agency would in many respects duplicate one already in existence. As a witness to Beatty's announcement, I was struck by the highly political nature of the scene. It was quite obviously used both as a news dispenser and as an attention getting device.

### ***Summary and recommendations:***

As mentioned above, each discussion group had representation from

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*National Summit on Information Policy*

(continued)

*National Summit on  
Information Policy*

(continued)

**Further Readings:**

*Handbook Exploring the Legal Context for Information Policy in Canada.* Barry Cleaver, et al. [London]: Faxon/SMS Canada, 1992. Research assistance provided through Aston, Berg, Kennedy & Morrissey and the Faculty of Law, University of Western Ontario.

Communications Canada. *The Information Society. New Media... New Choices.* Ottawa: Minister of Supply and Services Canada, 1992.

National Library of Canada. Library Development Centre. *Bibliography for the National Summit on Information Policy, Ottawa, December 6-8, 1992.* Prepared by Elaine Julien, Douglas Robinson, Jennifer Tinline. Ottawa: Sept. 1992.

National Summit on Information Policy. *Setting the Stage: a summary of respondents' views on the issues.* September 1992.

the major stakeholders in the information policy debate. Librarians were particularly evident and represented the largest single group at the Summit. An informal meeting of librarian participants had been called on the Sunday prior to the conference and at it several possible recommendations were discussed. It became evident that the library group was quite diverse and that individuals had somewhat differing views on goals and possible outcomes of the Summit. The most positive outcome of the discussion, however, was that CLA, as one of the organizers, agreed to act as coordinator of the feedback from the Summit for the library group at least.

When all Summit participants were gathered for the final wrap-up discussion, input from the group discussions was compiled. Stuart Smith, the Chairperson of the event, tried to summarize the two day discussion. His speech was disappointing in that he recommended establishment of a National Data Policy Board whose role and mandate were not clear; nor did it appear to have been raised as an option in any of the groups. His comments on the role of librarians was also nega-

tive and stereotypical. In view of how positive and productive the group discussions had been, this was most unfortunate.

As part of the summation, the work of previous summits was recognized and acknowledged, in particular that of the Glenerin meeting. The Glenerin Declaration as it is called, outlined eight recommendations adopted in 1987 by representatives from Canada, the U.S., and Britain.

The organizers of the Summit, CLA and ASTED, agreed to summarize, distribute and act as coordinator for feedback on the final recommendations. I await the results of what was a fascinating and productive policy debate. I was able to meet and mingle with a wide variety of participants in the information field and learned a great deal from them all. Even if nothing else results from the Summit, the positive interaction and discussion should suffice to create new partnerships and understandings. It is my hope that, should a future Summit be called in four to five years, we will have seen a marked progression towards the goals articulated and a Canada more strategically located in the information marketplace. ■

## **Overview of NLM**

The National Library of Medicine (NLM) is part of the National Institutes of Health, in Bethesda, MD., a research facility of some 15,000 staff. NLM is the world's largest research library in a single scientific discipline; the collection today approaches 5 million items. The Library occupies two buildings: the National Library of Medicine building, constructed in 1962, and the 10-story Lister Hill Center, built in 1980. Most "library" activities are carried out in the NLM building, which includes the administrative offices, Reading Rooms, and the collection, which is housed on three floors underground. The Lister Hill Center building contains all branches of the Lister Hill Center for Biomedical Communications, the Computer Center, MEDLARS® Management, Specialized Information Services, Extramural Programs (grants) and the National Center for Biotechnology Information (NCBI). The Library has a staff of over 600, and a budget close to 100 million dollars.

NLM is responsible for acquiring the biomedical and health literature, organizing and preserving it, and extracting from it that material to be disseminated through information products and services. The Library's responsibilities are constantly expanding. In November, 1988, Public Law 100-607 established the National Center for Biotechnology Information, with responsibility to create automated systems for knowledge about molecular biology, biochemistry, and genetics, to perform research into advanced methods of handling biotechnology in-

formation, and to coordinate efforts to gather biotechnology information worldwide. Most recently, as a result of 1990 legislation creating the Agency for Health Care Policy and Research (AHCPR), NLM has created within the Public Services Division the Office for Health Services Research Information. This Office works closely with the Agency in developing services for health services researchers, administrators, planners and policy makers, and those librarians and the information specialists who serve them. Improving the NLM Collection, MeSH terminology, and database coverage in these areas are priorities.

## **Historical Notes**

The National Library of Medicine has a history 156 years long, and a rich collection reflecting its origins in the Office of the Army Surgeon General and early development to a National Medical Library. It was in 1879 that **Index Medicus; Monthly Classified Record of the Current Medical Literature of the World** was published. The first volume of the **Index Catalogue of the Library of the Surgeon General's Office** was published in 1880, and the very next year, 1881, Dr. John Shaw Billings, Librarian of the Army Surgeon General's library from 1865 – 1895, visited a number of libraries on the European continent to arrange distribution of these publications internationally and to negotiate exchanges of publications<sup>1</sup>. The international nature of the biomedical literature was acknowledged, and it did not take long for the Library to achieve an inter-

## **The International Role of the National Library of Medicine**

**Eve-Marie Lacroix, M.S.**

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national prominence. Librarian and surgeon Billings was untiring in his effort to build the collection, acquiring titles and issues from medical officers and other physicians, librarians, editors and publishers both in the US and abroad – his “book scouts”. Billings was quite successful with editors in Canada both in obtaining issues and in determining what in fact had been published. For European and other countries he worked primarily through agents where possible; where there were no agents, he used as his scouts US consuls in the State Department!

Due to the international nature of the collection, throughout its existence the Library has assisted and cooperated with libraries outside of the United States. NLM has always responded to reference queries from countries in every part of the world, provided interlibrary loan, and welcomed scholars to do research using its comprehensive collection. It was in the 1950's that NLM began to render much more technical assistance to medical libraries in other countries than before, due primarily to a change in U.S. national policy in assisting other nations.

This is not meant to be a historical essay, but a glimpse of the first decades of its past gives a better understanding of the richness of NLM's collection. The collection has been at the center of its international role. NLM collects comprehensively in all biomedical subject areas, and in all languages. In *Index Medicus*®, 55% of current titles are non-U.S. titles. In discussing NLM's international role, I will not try to be exhaustive but to give a flavor of some

of the mechanisms NLM uses in cooperating with libraries throughout the world.

### ***International Programs – Formalization***

NLM has a broad mission in biomedical information service, and has, since early in its history, recognized that it could not achieve this goal without international cooperation. Formal recognition of this was made when NLM established the Office of International Programs in 1967.

NLM's International Programs include:

- MEDLARS agreements with individual countries
- Technical cooperation with international organizations
- Special Foreign Currency Program
- Inter-library cooperation in basic library services

It is important to note that much of the international program is not based on an expenditure of US dollars abroad, but on a cooperative sharing of time, expertise and resources. Literature exchange, library services, Special Foreign Currency Program (PL480), MEDLARS cooperation, technical consultation, and participation in international organizations – these are a blend of activities with a variety of mechanisms for execution, but all have the common objective of direct benefit to global communication to improve the health and medical effort.<sup>2</sup>

## **International MEDLARS Centers**

The MEDLARS system was initiated in 1960, bearing its fruits – automated searching and production of publications – beginning in 1964. Later that year, NLM began to decentralize MEDLARS by contracting with the University of California to provide search service. At the same time, NLM recognized that there was a need worldwide for access to this information. Both the United Kingdom and Sweden expressed interest early on in getting the MEDLARS tapes, and NLM began international cooperation with these countries to test the feasibility of tape distribution. The first International MEDLARS Center was established at the British Library in 1966.

As the UK and Sweden moved closer to operational status and the provision of services, it became clear that a definitive bilateral arrangement would be desirable. This evolved as a *quid pro quo* concept which has continued in the bilateral agreements which NLM has today with the organizations in 19 countries. NLM makes available the MEDLARS system, either through tapes or online access to the NLM computer, technical documentation, and training. The Center pays for the tapes or online service, including a 25% surcharge which contributes to their portion of the database creation costs. Some Centers offset these charges by indexing journals published in their country. About 8% of indexing for MEDLINE is done by foreign centers.

There is a variety of administrative settings for MEDLARS Centers. NLM does not select the institutions which will serve as the Center. The choice has to be made by the country itself (usually by the Ministry of Health) after ensuring that the organization meets certain technical criteria established by NLM. The criteria relate to personnel, equipment, fiscal resources, and the organization's ability to provide information services. The Center may be in an organization which is primarily concerned with medicine or health, within a library setting, or within an organization which is concerned broadly with science and technology. In all cases, each foreign MEDLARS Center functions as a national biomedical information resource. The Centers have developed a number of activities, including online systems applications, vocabulary development, translations of MeSH and document delivery services.

An International MEDLARS Center may serve its own country, or a number of countries. For example, the Karolinska Institute in Sweden serves the Nordic countries, indexes Swedish journals, mounts some of the MEDLARS databases in Sweden, and comes to NLM online for those databases not mounted in Stockholm. Through an online ordering facility, the reference databases are linked to the holdings of all medical faculty libraries in Sweden, one in Norway, and three in Finland. Sweden has also developed and distributed its own version of Grateful Med®.

NLM does not dictate the regional boundaries; this must be done with

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other countries, but with knowledge and consent of NLM. Pricing is an important issue as well. Issues such as these are discussed in an International MEDLARS Policy Advisory Group (IMPAg) consisting of policy representatives from NLM and the countries with a MEDLARS Center.

NLM currently enjoys partnership with public institutions in 18

countries and the Pan American Health Organization. The 19 current International MEDLARS Centers are shown in Figure 1. The complete list of Centers is given in Table I. These partners contribute more broadly to international information dissemination through collaboration in a variety of specific technical tasks. An important component, however, is distribution of MEDLARS services.

**Table 1**

**International MEDLARS Centers**

Australia	National Library of Australia, Canberra
Canada	Canada Institute for Scientific and Technical Information
China	Chinese Academy of Medical Sciences, Beijing
Egypt	Medical Education Technology Center, Cairo
France	Centre de Documentation de l'INSERM, Le Kremlin-Bicetre
Germany	German Institute for Medical Documentation and Information, Koln
India	National Informatics Centre, New Delhi
Italy	Istituto Superiore de Sanita, Rome
Japan	The Japan Information Center of Science and Technology, Tokyo
Korea	Seoul National University, Seoul
Kuwait	Ministry of Public Health, Safat
Mexico	Centro Nacional de Informacion y Documentacion en Salud, Mexico City
New Zealand	Department of Health, Wellington
South Africa	South African Medical Research Council, Tygerberg
Sweden	Karolinska Institute, Stockholm
Switzerland	Dokumentationsdienst der Schweizerischen Akademie der Medizinischen Wissenschaften, Berne
Taiwan	American Institute of Taiwan National Science and Technology Information Center National Science Council, Taipei
United Kingdom	The British Library, London
Intergovernmental Health Organization	Pan American Health Organization, BIREME, Sao Paulo

Recently, the National Informatics Center (NIC) in New Delhi, India has begun to provide online search services, in addition to setting up a tape leasing center to provide MEDLARS services to health professionals in India.<sup>3</sup> India is still working on its search software; once India is satisfied with the software, NLM will test the search software to be used by NIC to ensure that it can accurately retrieve citations from MEDLARS databases.

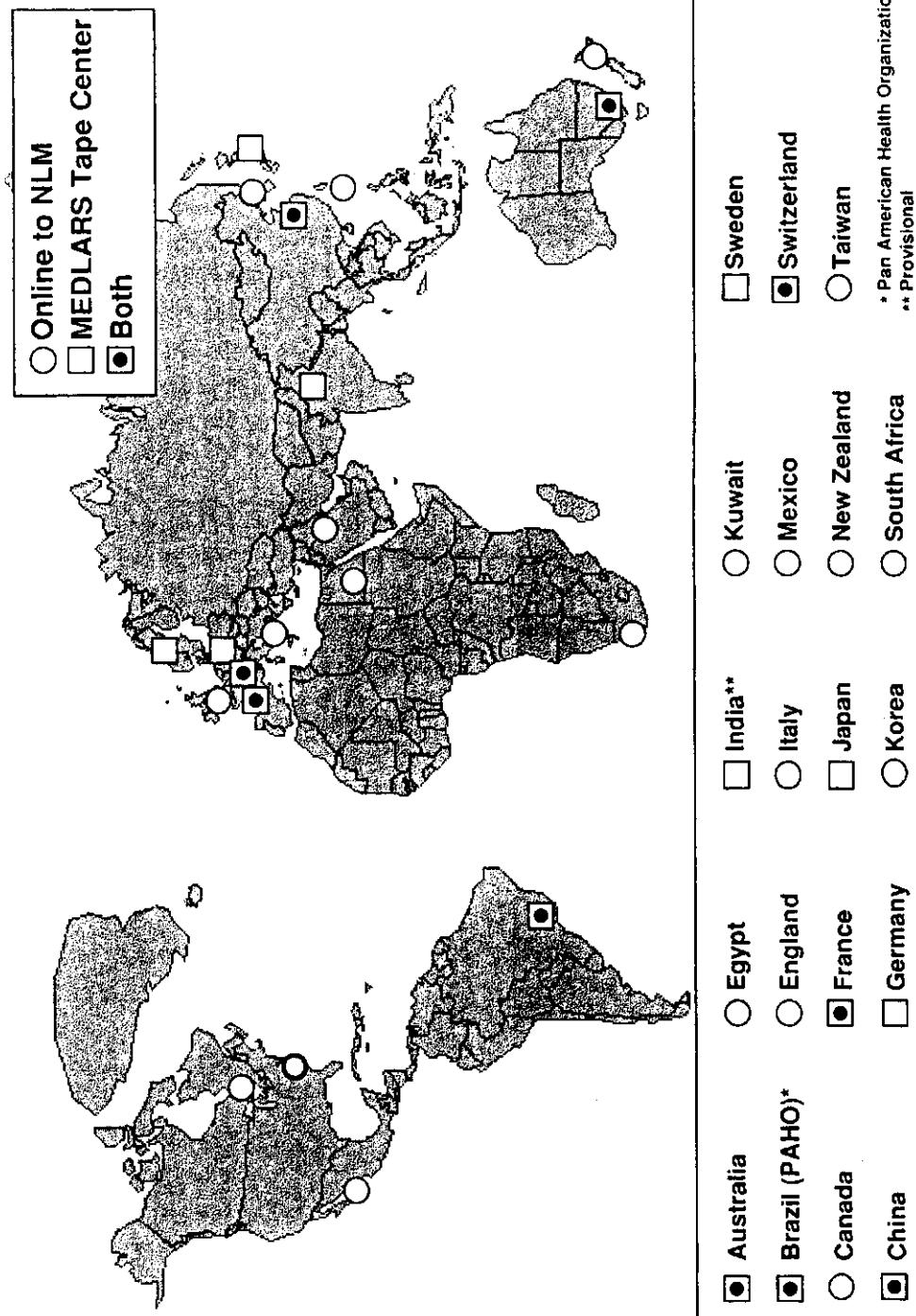
The National Science and Technology Information Center (STIC) in Taipei, Taiwan is the newest International MEDLARS Center to provide MEDLARS services. STIC has successfully demonstrated the use of Grateful Med (GM) for access from Taipei.

The Canadian MEDLARS Center, the Canada Institute for Scientific and Technical Information (CISTI), was the first to support Grateful Med use; Australia, China, the UK and Sweden have also begun to distribute Grateful Med to MEDLINE users. The Centers in New Zealand and Korea are new as well, and are providing MEDLARS service through Grateful Med and connection through Internet.

**Figure 1****National Library Of Medicine International MEDLARS Centers**

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## **Technical Cooperation**

Over the years NLM staff have assisted in the development of numerous medical and national libraries. Examples are the Medical Library at the University of Saigon, the National Library of Australia, the development of BIREME, the Regional Medical Library in Brazil, and most recently, a project funded by the U.S. Agency for International Development (AID) to improve health information services in Egypt.

## **BIREME**

NLM has a MEDLARS agreement with the Pan American Health Organization (PAHO), which is an intergovernmental health organization. From its beginnings in 1965, NLM staff participated in the development of the PAHO's Regional Medical Library (BIREME) in Sao Paulo, Brazil. Additional funding from Brazil, the Commonwealth Fund, and the Kellogg Fund were used to support the center. NLM donated literature from its own resources and through its credits with the U.S. Book Exchange, it trained BIREME's staff in modern bibliographic services and technical operations. BIREME currently has a staff of about 100, and coordinates a network of some 250 libraries in Brazil to ensure access to medical literature through reference services, interlibrary loan, access to MEDLARS, and many other regional initiatives such as union lists and LILACS, a database of regional literature.

BIREME also participates in an international network of libraries in

Latin America and the Caribbean. Through the technical assistance from NLM, groundwork was laid in Latin America for a major regional biomedical and health information resource.

## **BITNIS**

During the last three years, NLM has had a collaborative project with PAHO and the University of Chile to develop a system named BITNIS, an acronym for BITNET / NLM Intercommunication System. Health professionals in the Latin American countries are limited in their use of the MEDLARS databases due to international communication services in their countries. Through BITNIS, health professionals from the Latin American countries and the Caribbean will be able to search the databases using Grateful Med. The sponsors of the project are the University of Chile, NLM, PAHO, the National Cancer Institute at NIH, and the National Council of Science and Technology (CONICYT).

After two years of software development, the first operational version of BITNIS is now ready for distribution. Figure 2 shows the BITNIS telecommunication path. Latin American libraries have three telecommunication paths from Grateful Med to NLM: 1) the phone net, which is inexpensive, but sometimes unreliable, especially at baud rates of greater than 1200; 2) local calls to the VANS (value-added networks); or 3) the Internet. BITNIS uses the Internet, linking to other networks in Latin America such as USENET, Peacenet, etc. "Smed," noted in Figure 2 under Grateful

Med, is the Internet interface software developed by the University of Chile.

Briefly, Grateful Med is used on a PC to select a database, to formulate the search strategy and to view the ELHILL search statement. The correct search statement is then sent to the NLM BITNIS gateway as an e-mail message. The BITNIS gateway verifies the access code and its return address by sending back an acknowledgement statement. The search result is sent after the search has been done by the NLM mainframe. This can take a few minutes to hours, depending on the path. The user may then download the answer file from the local host. Smed software does formatting, and the user views the results.

The latest version of BITNIS includes an access control system to allow each country or institution to control the amount of money spent, and a search helper for PDQ.

In Latin America, the barrier to access to information is not technological, but economic. Though the local telephone system is inexpensive, long-distance calls through the PTTs are very expensive. By using the BITNET, and also software to transfer a search in non-prime time, BITNIS has reduced the cost of searching by 80 - 90%. PAHO expects to distribute BITNIS in 38 Latin American and Caribbean countries.

## **WHO**

NLM also has an ongoing collaboration with the World Health Organization (WHO) to produce the Quar-

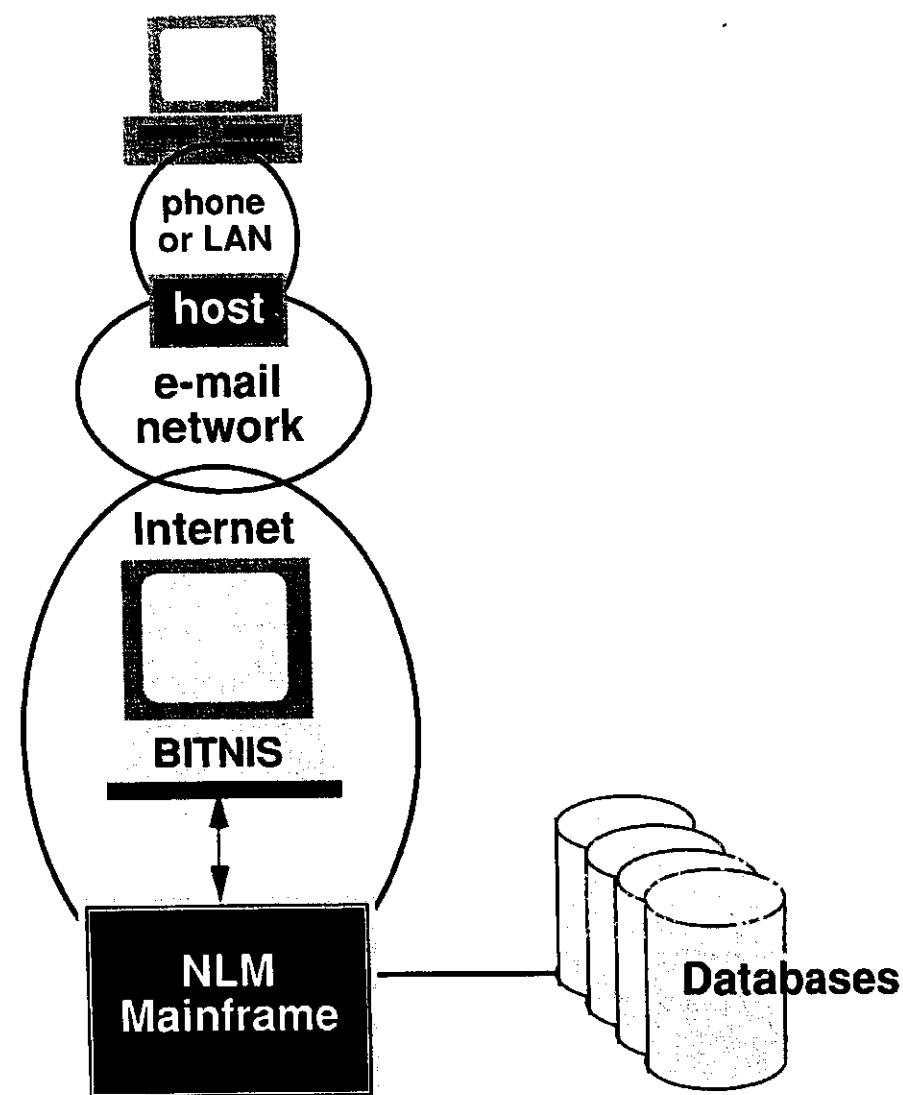
terly Bibliography of Acute Diarrhoeal Diseases. On a regular basis, NLM searches its relevant databases, arranges the references retrieved by subject, and prepares camera-ready copy which WHO then prints and distributes to thousands of institutions in developing countries. The Library also supports the Quarterly Bibliography of Major Tropical Diseases, distributed by WHO.

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**Figure 2**

### **BITNIS**



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### **NLM Special Foreign Currency Program**

The Library's Special Foreign Currency Program (referred to as the P.L. 480 program) uses appropriations of US-owned, local foreign currencies to fund biomedical scientific publication and translation projects in cooperating countries. Active since 1962, this is the oldest of NLM's extramural support activities. Although the NLM P.L. 480 Program has in the past sponsored projects in seven countries, it is currently only active in India. In fiscal year 1991, 20 projects totalling \$345,500 were active in India.

About 85% of NLM's current PL 480 funding supports the translation and publication of major historical monographs. These classics in the history of medicine are selected in collaboration with the American Association for the History of Medicine. The remaining 15% support the translation and publication of biomedical monographs and bibliographies by noted foreign scientists.

Among the publications completed in FY 1991 was a translation from the German of a classic text in the history of psychiatry: Emil Kraepelin's *Psychiatry, A Textbook for Students and Physicians*. Another was an English translation of the research reports of LV Krushinsky (1911-84) on reasoning capability and other complicated forms of behavior in animals in the natural habitat. It records some fifty years of experience with long-term research in the (former) USSR on brain activity and behavior.

### **Basic Library Services Exchange Program**

Much that NLM does can best be described as interlibrary cooperation in basic library operations. By the mid 60's, NLM was sending publications to almost 900 institutions in approximately 80 countries, receiving in return thousands of books, periodicals, and theses, written in many languages, some of which would otherwise have been difficult to procure.

NLM continues to pursue the exchange program as a means to obtain publications for the NLM collection that are otherwise not available or are difficult to obtain through conventional book trade sources. A secondary purpose is to promote closer ties between NLM and preeminent foreign scholarly or government organizations. NLM and exchange partners supply free of charge to one another publications of roughly equivalent value. NLM makes available for exchange its own publications. As of April 1992, NLM had active exchanges with 173 institutions in 50 countries. These partners include university libraries, state libraries and a broad assortment of professional scientific organizations and societies. NLM receives 1,000 serial titles and hundreds of monographs through the program. About 99% of the monographs are from Eastern Europe.

### **Preservation of the Biomedical Literature**

In 1986, NLM began an ambitious multi-million dollar program to preserve its rich collection by micro-

filming its estimated 156,000 (and growing) brittle books and serials. Much of what Billings and those who came after him "scouted out" now needs to be preserved.

To date, for both serials and monographs, NLM has microfilmed nearly 50,000 volumes, 25% American 75% foreign material. NLM's total collection is estimated to be about 60% foreign materials. Despite efforts throughout the years to be sure that the serial runs were complete, it very quickly became clear that there were gaps – pages, issues and volumes missing. Again, NLM was able to turn to its international colleagues for help.

NLM has borrowed material from organizations in 9 countries, including CISTI and l'Université de Montreal. In most cases, the organizations able to supply us with missing issues or volumes find that their items are equally brittle, and can then purchase film to replace their print copies. In addition, NLM coordinates with other libraries and institutions doing microfilming of biomedical literature to ensure that we will first film what has not yet been preserved. In Canada, for example, the Canadian Institute for Historical Microreproductions has filmed a number of biomedical titles, and NLM has not duplicated that effort.

### **Document Delivery**

NLM serves as a back-up resource for the U.S. National Network of Libraries of Medicine (NN/LM), and to national and other libraries outside the United States. Until very recently, international document delivery service has been most

unsatisfactory. Requests from Latin America, India, and Eastern European countries took months to get to NLM, a few days for NLM processing, and another several weeks for delivery. With the advent of the fax machine, fast service for emergency requests became possible. MEDLARS Centers in Mexico, Australia, and BIREME were first to begin use of this service. However, cost remains an impediment to broad use of fax.

Recently, BIREME has begun to use Internet to transmit requests. NLM will be exploring the use of DOCLINE® via Internet with International MEDLARS Centers, as well as alternate methods of article delivery.

NLM, CISTI, and the NN/LM Region 6 Regional Medical Library, the University of Washington in Seattle, have initiated a pilot project to allow libraries in British Columbia, Alberta, and the Northwest Territories to use DOCLINE to share resources with their American neighbors. Selected Canadian libraries, including CISTI, will be adding their serial holdings to the SERHOLD® database, which will allow requests to route to libraries in both countries. The SERHOLD database contains serial holdings (1.2 million) for some 3,600 medical libraries. Once the holdings have been entered and routing tables constructed, Canadian ILL requests will automatically route to libraries holding the needed journal. Ultimately, this will also allow Canadian users of Grateful Med to use the Loansome Doc feature available in version 6 to send requests to participating Canadian libraries. Loansome Doc

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**References**

1. Miles, WD. A history of the National Library of Medicine; the nation's treasury of medical knowledge. Bethesda (MD): National Library of Medicine: 1982. 531 p. (NIH publication; No. 82-1904)
2. Corning, ME. International biomedical communications. The role of the United States National Library of Medicine. *Health Communications Informatics* 1980; 6:212-242.
3. National Library of Medicine, National Library of Medicine Programs and Services Fiscal Year 1991, Bethesda (MD): National Library of Medicine: 1992. 73 p.

is a major part of NLM's outreach initiative; it was introduced in the U.S. in 1991. We are hopeful that all will be in place for Canadian libraries to use DOCLINE in the fall, 1992.

**NLM International Trainee Program**

NLM has long had an Associate Program to prepare librarians for future leadership roles in health sciences libraries. The NLM Associates are introduced to a wide range of technologies and skills utilized in managing information at a large biomedical library and in providing information services to a country or region. Beginning this year, NLM offers one position in the Associate Program to a librarian from outside the United States. The position is open to any librarian of non-U.S. citizenship who has an advanced degree, preferably a Masters in Library Science or equivalent, and is currently working in a medical or health sciences related library information center outside the United States. This opportunity is most beneficial for librarians working in management positions in larger libraries that are using automation and have na-

tional or regional responsibilities. For 1993/94, NLM will provide a stipend for the one year period. The applicant must have a guaranteed responsible position in a medical or health sciences library when the applicant completes the program in August 1994.

**Conclusion**

In the United States, NLM has worked for decades to develop the National Network of Libraries of Medicine to provide quality information services. NLM is a resource for the network, assisting libraries in their work to provide information services to improve the public health. In the international arena, NLM has adopted the same general philosophy. Through its many programs — International MEDLARS Agreements, Cooperative projects with international organizations, the Special Foreign Currency Program, and the many inter-library agreements for basic library services — NLM assists major national and regional institutions as they organize and distribute information products and services within their own countries or regions. ■

## **Introduction**

The preservation of library materials has evolved over the past two decades into an important strategy in the management of library resources. Far from being esoteric, or limited in its purpose, preservation confronts the issues of what libraries will make available for their clients both in the present and in the future.

Most libraries need to direct their preservation efforts toward their circulating, rather than their rare book or other special collections. The focus of a programme for the maintenance of circulating collections will be the preservation of information itself, rather than the medium on which it is recorded. Preservation decisions should be made within the context of the total management of the library's collections and reflect its general goals and mandate. This suggests that a programme must be very practical, and must be as concerned with productivity and cost efficiency as with acceptable standards of preservation. In this scenario, the administrative framework of the programme becomes crucial to its success. It is necessary from the outset to establish that the preservation programme will be carefully managed, so that preservation is not allowed to become an end in itself, but rather one of many collection management tools.

## **Advantages and Elements of a Preservation Programme**

Library materials become candidates for treatment for one of three reasons. There may be problems inherent in the materials themselves. This is the case with brittle paper, poor bindings, certain film bases such as acetate, and magnetic tapes. Secondly, use and abuse of library materials (by library staff as well as users), and poor storage and environmental conditions will all cause damage that must be mended. Finally, there is the ever-present possibility of natural or man-made disaster. The various elements of a preservation programme are aimed at managing the impact that these dangers pose for the collection.

A preservation programme incorporates strategies for: prevention of damage; treatment or recovery of vulnerable or damaged materials; education and training of both staff and users; disaster preparedness; and cooperation and networking. The administrator of the programme must be prepared to address all of these at a level appropriate to the library's mandate. However, of the various preservation functions, treatment, which in most libraries will mean repair and binding, has the most immediate and obvious impact. It demands the most in the way of resources, since treatment requires a commitment of funds, staff and space and affects very directly the ability of a library to make its materials available for its clients.

# **Preservation Programmes for Circulating Collections: Administrative Considerations**

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Librarians are frequently caught between the rock of damaged books and the hard place of user needs. Preventing damage in the first place, or repairing damaged materials quickly and well without having them leave the library addresses both concerns. An in-house programme can provide a fast and effective answer to the damaged book problem at modest cost, and will save future costs and deterioration. There is no doubt that a well-designed plan for in-house treatment will fill a need for any library. In some cases, particularly for small, current use collections, this may be all that is required to maintain the collection; for larger collections it will go a long way to sustaining it for as long as the materials are required.

### ***Structuring the Programme***

The aim of the preservation programme is to bring together the items needing treatment, and the personnel, skills and technology required to complete the treatment. A structure must be in place so that preservation becomes directed and rational rather than a series of random or *ad hoc* activities. Organization therefore becomes a critical part of the preservation plan.

The most successful programme is one that is well defined and supported by an administrative framework that is flexible as well as focused. Attention must therefore be given to priorities and decision-making, methods of prevention and treatment, staff, supplies, equipment, and space. Once the programme has been established, it should be documented in an admin-

istrative manual in order to provide control and continuity for the programme.

### ***Priorities and Decision-Making***

One of the most daunting decisions facing the administrator of a preservation programme is what to treat and how to implement treatment so that it is both productive and cost efficient. Treatment decisions must be made with both an understanding of the factors that cause library materials to deteriorate and of the role of the materials in the collection. Treatment decisions, therefore, must analyze three variables: the physical condition of the item in question, collection policies and how the collection is used.

This assessment process must take place at two levels: a broad level across the entire collection and on an item by item basis. The objective is to decide what needs to be done. The available options must be examined and the goal of treatment determined. Finally, it must be determined what resources can most effectively address the problem.

The importance of the assessment process cannot be understated. It provides a blueprint for the preservation programme based on a concrete knowledge of the physical condition of the collection. With this knowledge, the programme administrator can decide what is essential to the programme and what is peripheral or unnecessary. This in turn allows one to target resources and energies and determine an appropriate pace for the programme. Many of the working tools of the programme, such as pol-

icy statements and procedures will be based on the assessment, and decision making on a item by item basis will become more effective and rational.

### **Treatment**

Treatment is the most resource intensive area of preservation, and is likely to remain so. Tactics such as preventive measures, contingency planning and education are aimed at controlling preservation problems, and their importance should not be underestimated. Without such measures, valuable materials would be lost entirely, and treatment would reach insurmountable proportions. By its nature, therefore, treatment commands considerable administrative attention.

It is not within the scope of this paper to discuss or even identify the various treatment options which may be applied to damaged library materials. It is sufficient to understand that there are a number of things that can be done at the local level to maintain the condition of the collection. These include standard book repair procedures, paper repairs and cleaning, and the use of protective enclosures such as phase boxes, and binding or binding substitutes.

How well any of these methods will work depends to a great extent on how they are applied and the skill and understanding of the staff involved both in the decision making and in the implementation of the various treatments.

### **Staff**

Preservation involves library staff at the decision making and implementation or bench levels. In the type of setting described in this paper, it is unlikely that a trained conservator will be involved in the programme except, perhaps, as an occasional consultant or for contract treatment.

The more likely scenario will be a dual track approach to preservation with a librarian or qualified library technician administering the programme and a lower level staff member carrying out the tasks. The role of the administrator will be to focus on many of the things we have discussed already: planning, decision-making, developing and codifying policies and procedures and routinely assessing the programme.

Frequently, however, too little attention is given to the person who will carry out the bench tasks. Very likely, preservation will be only one of many, perhaps not even the primary responsibility of this person. Therefore, the ability of the person to do a satisfactory job may not be given sufficient weight in the hiring process or in the evaluation of performance.

The fact is, that it is no more reasonable to expect a person to be competent in book repair than in any other skill without determining in advance her ability and interest. Some of the qualities to look for when hiring for book preservation responsibilities are manual dexterity (this may be revealed through a question about hobbies and outside interests), and the ability to grasp

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technical and aesthetic concepts (you want the finished work to look neat and appealing to the eye as well as being well done). In addition, the person must be able to follow directions and work productively. From this point of view, be careful of the "closet conservator" who thinks every book requires cadillac treatment. Finally, it is important that the bench person be able to tolerate normal working conditions in the preservation work area. This includes the being able to work with detail, and to tolerate dust and possible fumes from adhesives or other preservation chemicals.

### **Work Area**

A very simple work area will suffice for most in-house treatment work. A space of 12 ft. x 18 ft. is generous and may be equipped with a work table or desk (about 6 ft. x 2 ft.) with stool or chair, some locked cabinets and open storage shelves, and a tool storage area either on shelves or pegboard. Equipment, tools and supplies will be very basic, but should meet preservation standards.

It is important to consider the quality of the work area as well as its furnishings and supplies. Good ventilation and adequate lighting are essential. The work area should have sufficient electric outlets and be close to a source of running water; it must also be easy to clean, relatively dust free and with a low level of ultraviolet light. If bibliographic checking is part of the operation, there must also be reasonably easy access to the library's catalogues.

### **The Preservation Manual**

A preservation manual is one of the most important administrative tools to support the programme. It is an important source of day-to-day information on how the programme is to be implemented and will thus contribute toward programme efficiency and productivity. It will also be an essential guide for staff carrying out the preservation tasks, especially if they are not doing so full time. Most important, the manual is concrete evidence that the programme is organized and follows a pre-determined set of principles and goals.

The following is one model for a preservation manual:

- I. Introduction
- II. Organization of the Programme
- III. Criteria for Decision Making
- IV. Physical Description of the Collections
- V. Treatment
- VI. Equipment and Supplies
- VII. Statistics and Reports
- VIII. Glossary of Terms

The contents of each of the sections in the proposed model should include the following:

- I. **Introduction** – this should include the mandate of the library, a very brief introduction to library preservation (no more than two pages) and the scope of the manual. In addition, this would be an appropriate place to explain how the manual relates to other administrative documents

such as collection policies and the disaster contingency manual.

**II. Organization of the Programme** – this section should introduce the priorities of the programme, the responsibilities of the bibliographer/curator, the responsibilities and position descriptions of the technicians, the reporting structure and the workflow.

### **III. Criteria for Decision-Making**

– the role and importance of decision-making for preservation has been discussed above. In order to translate the various decision-making exercises into concrete results, they should be documented and incorporated into the daily preservation routines. This is not to suggest that the manual attempt to answer every possible question which may arise. This is neither possible nor useful. The goal of the section on decision-making should be to provide a clear, concise, organized framework in which decisions can be made.

**IV. Physical Formats** – this section will reflect very closely the particular collection to which the manual applies. It should be limited to only those formats (books, periodicals, films, compact discs, etc.) that are contained in the collection, although it should address them all, no matter how many or few in the collection.

The section should provide a brief written and illustrated description of the physical characteristics of each format as well

as its special problems and needs. On the surface it may seem redundant, perhaps even risible, to illustrate or describe such things as books which are taken for granted by library staff. However, it is important to keep in mind that the manual may be used by staff with no prior library experience, casual staff or even volunteers.

**V. Treatment** – this section will be fairly detailed and extensive. Each treatment should be described separately, and should include: a description of the techniques, application (when and when not to use the procedure), the equipment and supplies to be used, and an estimate of the time it would require to carry out the treatment. In addition, the manual should indicate to whom problems should be referred.

**VI. Equipment and Supplies** – this section should list each type of equipment and supply used by the library for preservation. Where appropriate, indicate briefly when or how to use the materials and any special care or maintenance instructions. List the library's regular supplier for the materials, ordering procedures, and sample order forms.

**VII. Statistics and Reports** – indicate here what statistics are to be kept, what reports are to be submitted, how frequently the information is to be gathered and to whom it is to be submitted.

**VIII. Glossary** – even the most simple preservation operation will involve the use of special-

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### **Bibliography**

- Baynes-Cope, A.D. *Caring for Books and Documents*. London: Trustees of the British Museum, 1981.
- Greenfield, J. *Books: Their Care and Repair*. New York: H.W. Wilson, 1983.
- . *The Care of Fine Books*. New York: Nick Lyons Books, 1988.
- Horton, C. *Cleaning and Preserving Bindings and Related Materials*. 2nd rev. ed. Chicago: American Library Association, 1969. (LTP Publication no. 16. Conservation of Library Materials, Pamphlet 1).
- Kyle, H. *Library Materials Preservation Manual: Practical Methods for Preserving Books, Pamphlets, and other Printed Materials*. Bronxville, N.Y.: Nicholas T. Smith, 1983.
- Lowry, M. D. "Preservation and Conservation in the Small Library." Chicago and London: Library Administration and Management Association, American Library Association, 1989. (Small Libraries Publications, no. 15).
- Milevski, R.J. *Book Repair Manual*. Carbondale, Ill.: Southern Illinois University, 1984.
- Morrow, C.C. and C. Dyal. *Conservation Treatment Procedures: A Manual of Step-by-Step Procedures for the Maintenance and Repair of Library Materials*. 2nd ed. Littleton, Col.: Libraries Unlimited, 1986.

*Preservation Programmes for  
Circulating Collections:  
Administrative Considerations*

(continued)

- Nainis, L. and R. Milevski. "Book Repair: One Component of An overall Preservation Programs" *The New Library Scene*. Vol 6. (1987), no. 2 (April).
- Systems and Procedures Exchange Center. *Basic Preservation Procedures*. Washington: SPEC, 1981. (SPEC Kit 70).
- \_\_\_\_\_. *Binding Operations in ARL Libraries*. Washington: SPEC, 1985. (SPEC KIT 114).

ized terminology. The glossary should cover the terms most likely to be encountered by the practitioner in the particular library and should be consistent with standard preservation terms and definitions.

Most manuals will also include either a table of contents, or index, or both. The choice, arrangement, and style will be determined by the needs of the particular context in which the manual will be used.

## **Conclusion**

A carefully structured preservation programme is an important library management tool. Planning, and the use of staff, space, and funds are essential and should be given the same attention as treatment and other preservation procedures in the development of the programme. In this way, preservation becomes part of the overall management strategy for the library rather than a peripheral or parallel function whose role in the library is poorly understood. ■

The Canadian Council on Health Facilities Accreditation Acute Care Hospitals standards, published in 1991, contained a list of general requirements for every department. Included in this list of requirements was evidence of a disaster and emergency preparedness plan. The Hospital Library Group of the Northern Alberta Health Libraries Association (NAHLA) decided to collaborate to develop a generic library disaster plan which could be easily adapted to meet local requirements in individual libraries. The NAHLA guidelines are based to a great extent on procedures developed by Deidre Green of the Toronto Hospital for Sick Children<sup>1</sup>.

The NAHLA disaster plan is not a comprehensive plan for every situation, but is intended to help you and your staff get through the immediate crisis. It is a practical step-by-step protocol that can be easily understood and followed by any staff member who might be required to implement the disaster plan.

A copy of the protocol should be readily available in your library and its location known to each library staff member - post it on a bulletin board, file it in the procedures manual, keep a copy in the disaster kit. Send a copy to people in your organization who are listed as contact people or who have organizational responsibility for disaster plans. You also should talk to others in the hospital about the library disaster plan especially if their department has a role to play. You need to verify telephone numbers and contact people, and confirm what steps will be taken by other departments when called by library staff about an emer-

gency. This information should be relayed to library staff. As well, a copy of the plan should be kept at home by any of the library staff who are to be contacted if an emergency occurs outside normal working hours.

The disaster plan needs to be reviewed regularly with staff so that they become familiar with what is included in the protocol. Fire drills are a regular routine in hospitals and you might take this opportunity to remind yourself and your staff about the disaster protocols. An important part of the plan is the Disaster Record which must be completed by library staff members as they work through all phases of the disaster protocol. This document could prove invaluable in negotiating a favourable insurance settlement. Photographs of damage may also support insurance claims.

The NAHLA group assumed that the two most likely disasters would be fire and flood. All hospitals have internal fire procedures and these procedures should take precedence over any other disaster plan. In the case of a fire it is likely that material damaged by fire and smoke will not be salvageable; however, there may be some possibility of retrieving water damaged items. Once the fire has been extinguished and it is safe to enter the area, procedures for a flood can be followed.

It is important to assess the location and situation of your particular library to determine what the potential for disaster might be. For example, are there water pipes in the immediate area; is the heating/cooling system likely to flood; are you located below or beside an area that could

## ***Disaster Plan for a Hospital Library***

***Donna Dryden,***  
*Director*

*Library and Audiovisual  
Services*

*Royal Alexandra Hospital  
10240 Kingsway Avenue  
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*Tel: (403) 477-4136  
Fax: (403) 477-4048*

*Disaster Plan for a Hospital Library*

(continued)

flood? In the case of a flood, as Deidre Green found out, you need to be aware of the potential for contaminated fluids such as sewage or waste material.

As part of your disaster plan you need to establish a salvage priority list outlining what should be saved first. An example of one library's list is included at the end of the disaster protocol. (Appendix A)

A disaster kit should be readily accessible to all staff and, depending on local circumstances, might include such things as:

- copy of the disaster protocol
- Disaster Record form
- flashlight and extra batteries
- rolls of plastic sheeting
- scissors
- roll of twine
- large garbage bags
- gloves, masks, O.R. suits, gowns (if contamination is a concern)

### ***After the Disaster***

Rather than develop a detailed plan to cover the follow-up salvage operation and collection restoration, the NAHLA group contacted University of Alberta Library staff who agreed to act as resource people for damage assessment and the salvage operation. You may want to check with experts in your region who might be willing to provide assistance. Be sure to include their names and phone numbers in the disaster protocol so that the information is readily available when you need it. The recovery plan from the University of Alberta<sup>2</sup> provides some detail about the steps that need

to be considered as part of the follow-up.

Before salvaged material is returned to the shelves, the area must be cleaned thoroughly. All material must be absolutely dry and free of mould before any items are re-shelved. Cleaning staff should be instructed to wash shelving, walls, furniture, and counters with soap, water and a disinfectant such as liquid bleach or lysol.

Once the immediate crisis is over there are many things that should be done. Here is a partial list to get you started:

1. A postmortem should be held to review the disaster, its causes, and the recovery process. Determine what went wrong with the disaster plan and what went right. Make any necessary revisions.
2. Send thank you notes to everyone who helped.
3. After the salvage effort has been completed, attention must be turned toward restoration of services:
  - inform the library users of the disaster and its anticipated impact on service
  - find a temporary location if the old one is uninhabitable
  - restore service at an appropriate level
  - obtain selected indexes and reference tools
  - locate shelving, furniture, and other needed equipment
4. Prepare a report on the recovery operation and submit it to the appropriate administrator. In-

surance claims should be prepared.

A copy of NAHLA's Protocol for Dealing with Fire or Flood in the Library is included with this article. It is important to remember that this plan was developed as a generic library plan and that it needs to be modified to suit your particular situation. The specific names and numbers in this plan are used for illustration only. Each library using the generic plan needs to tailor it to their local situation. As each institution's organizational plan and reporting structure varies, the need for changes will vary.

I would like to extend my thanks to Peter Schoenberg who helped prepare the disaster protocol and to members of NAHLA who provided feedback on the various drafts of the plan. If you have any questions or comments about the NAHLA disaster plan, please contact Donna Dryden or the Editor of **Bibliotheca Medica Canadiana**.

To receive a copy of the disaster plan on disk send a blank formatted 3.5-floppy disk to the Editor of **Bibliotheca Medica Canadiana**. ■

#### *Disaster Plan for a Hospital Library*

(continued)

### **References**

1. Green, D. After the flood: disaster response and recovery planning. *Bull Med Libr Assoc* 1990; 78: 303-6.
2. Lewis, G. Recovery plan for the University of Alberta Library System. Edmonton: University of Alberta Library, 1988.

## Disaster Plan for a Hospital Library

(continued)

## **Protocol for Dealing with Fire or Flood in the Library**

As you follow the steps in this instruction sheet RECORD YOUR ACTIONS on a Disaster Record Sheet (see Appendix B). This information may prove invaluable in negotiating an insurance settlement.

1. If you discover a FIRE in the library, follow the REACT procedures established by the hospital:

**R**= Remove those in immediate danger

**E**= Ensure room door is shut

**A**= Activate fire alarm

**C**= Call 333 and inform operator

**T**= Try to extinguish or control fire

Wait for the Fire Marshall to indicate that it is safe to reenter the library.

Aside from fire damage, for which there is little hope of retrieval, most damage to the collection will be from water. Follow steps 3 - 9.

2. If you discover a FLOOD or LEAKAGE, contact Facilities Management immediately (telephone 1234, or 5678 after hours).

Calmly explain the situation and insist that someone come to the library at once to assess the situation and stop the flooding.

Give your name, telephone local, and room number (#4321) and describe the location of the leak.

Remember that delay may increase the damage to the collection.

3. Inform Mary Smith, Director of Library and Audio-Visual Services; home number is 477-

4321. If it is not possible to reach her, contact Jane Jones, Library Technician, at 477-9876.

4. Move any undamaged material from near the leak or water before touching any damaged items. Contact Materiel Distribution Services (telephone 8765) if a large area needs to be re-located.

Refer to the Salvage Priorities List (see Appendix A) if you need to make a choice about what to move first.

### **5. Contaminated Material**

**Do not touch any damaged material before determining whether contamination is a problem or until you are satisfied that it is safe.**

If you suspect that the material has been contaminated (e.g. by raw sewage, waste material, asbestos) or there is a health risk of any sort, contact the Safety Officer (2345), the Facilities Management Supervisor (3456) and/or the Infection Control Officer (4567).

**Follow these steps if you  
are dealing with  
contaminated material.**

- 5a. The Safety Officer will assess the nature of the health hazards involved and may decide to close the library to patrons. It may be necessary to post signs warning of contamination.

- 5b. Protect yourself before entering the area damaged by contaminated fluid. Don a gown or O.R. suit, mask and gloves. Contact Linen Distribution (5678) for

these items if there aren't enough in the Disaster Kit.

- 5c. Cover book truck with plastic sheeting before loading any wet materials onto it. Remember not to touch any dampened shelves, books, journals, etc. unless you are protected with rubber gloves. If you leave the area for any reason, take off your gloves and leave them in the contaminated area.
- 6. Before the plumbers begin repair work to stop the leak ask them to spread plastic sheeting over the surrounding stacks to prevent further splashing and water damage to other material.
- 7. Contact Environmental Services (7654) to inform them of the flood and to request an assessment regarding clean-up. If necessary remind cleaners who enter the area that there may be health risks involved.
- 8. Contact the Photography Department (8910) to come and take pictures of any damage to the library, equipment, collection.

#### ***Removal of Damaged Materials***

- 9. If material is soaked in plain (uncontaminated) water but is still retrievable, move it to a safe dry area.

Refer to the Salvage Priorities List (see Appendix A) if you need to make a choice about what to move first.

In handling damaged materials, remember that wet paper is very fragile and tears easily:

- Do not attempt to open closed books, or close open ones
- Do not remove book covers
- Do not press wet books or paper
- Do not wipe off mud or dirt
- Do not stack material

Lay these items on plastic sheeting on a floor or counter. Keep all work areas as clean and neat as possible.

For slightly damp items, stand the volumes upright with pages and covers fanned open in a cool dry space. Fans can be used to increase air circulation.

**9a.** If journals and books are soaked beyond repair or retrieval, place them in plastic bags for discard. You will need help to do this because a list must be made of every item discarded. Do not overload the bag; wet books are heavy.

**9b.** If journals and books are soaked in contaminated water, place them in yellow "infectious material" vinyl bags for discard. Use gloves to do this. You will need help to make a list of every item discarded. Do not overload the bag. When you finish bagging books and journals, remove your gloves and place them in the yellow bag. Close the bag by touching only the clean outside portion.

Wash your hands thoroughly after finishing the task.

#### ***Be specific when listing what is being discarded:***

- Books: author, title, edition, publication date, call number, copy number, accession number

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#### ***Protocol for Dealing with Fire or Flood in the Library***

*(continued)*

*Protocol for Dealing with  
Fire or Flood in the Library*

(continued)

- Journals (bound): title, volume, year, months included (if bound in more than one part)
- Journals (unbound): title, volume, issue, date

10. Very wet volumes may be salvageable through a freeze-drying process. As an interim step, wrap individual volumes in wax paper (to keep them from sticking together), stand upright in plastic bags or strong cardboard boxes (do not pack too tightly; allow for air circulation), and place in a freezer (e.g. in the kitchen, morgue, or outside if it is well below freezing). Keep a detailed list of what is in each container.
11. Staff at the University of Alberta Library will provide ad-

vice on the salvage and rehabilitation of damaged materials.

**Contact:**

John Doe 234-4567  
Sally Smith 234-5678

12. For further information consult:

Recovery Plan of the University of Alberta Library System, by Georgina Lewis. Edmonton, University of Alberta Library, 1988. (available at AEU, AEAHA, AEG)

Disaster Management for Librarians: Planning and Process, by Claire England and Karen Evans. Ottawa, Canadian Library Association, 1988. (available at AEU, AFMRH, AEAHA) ■

**Appendix A: Sample Salvage Priorities List**

1. Computers (computer in library office; on-line catalogue station; CD-ROM station)
2. Current journals
3. Bound journals
4. Reserve books
5. Books in main collection
6. Index Medicus, pre-1966

7. Index Medicus, post-1966 (older ones first)

Using the above list to guide you, you should then move first:

1. Wet material lying on the ground
2. Wet or damp material on lower shelves
3. Wet or damp material on upper shelves

## **Appendix B: Disaster Record**

**DATE:** \_\_\_\_\_

## *Protocol for Dealing with Fire or Flood in the Library*

**OCCURRENCE:** (summarize briefly)

(continued)

**CHECKLIST:** (check when done)

ACTION	TIME	COMMENTS
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FLOOD:

Called Facilities Management  
(1234 or 5678 after hours)

FIRE:

Followed REACT procedures

Called DIRECTOR 477-4321

or Library Technician 477-9876

**NEED HELP MOVING BOOKS:**

Called Materiel Distribution 8765

## **CONTAMINATION SUSPECTED?**

Called Safety Officer 2345  \_\_\_\_\_

## CLEAN-UP?

**Called Environmental Services**  \_\_\_\_\_  
7654 \_\_\_\_\_

## PHOTOGRAPHS?

Called the Photographer 8910

## **USED DISASTER SUPPLIES:**

Inform the Director  \_\_\_\_\_

**Signature**

# **NEOS: Forging the Partnership**

**Gail Moores**

Peter Wilcock Library  
Charles Camstell Hospital  
12804 - 114 Avenue  
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Envoy: CAMSELL LIB

## **Introduction**

**M**embers of the Northern Alberta Health Libraries Association (NAHLA) have been actively involved in the formation of NEOS (Networking Edmonton's Online Systems), a library consortium based at the University of Alberta. Consortium partners will share the DRA (Data Research Associates) integrated library automation system which was recently acquired by the University of Alberta Library.

This article outlines the process that led to the formation of NEOS and highlights some of the issues that had to be addressed along the way.

## **Background**

In the summer of 1991, librarians from various teaching hospitals in Edmonton were approached by Ernie Ingles, Director of Libraries at the University of Alberta, to determine interest in becoming part of a consortium based at the University. Since the University Library was planning to replace DOBIS, which was no longer adequate for its needs, there would be an opportunity to participate in the selection of a new system, as well as being involved in the formation of the consortium. Another meeting in December, 1991 brought together librarians and their administrators from the health care, government, education, and corporate communities of Edmonton to explore the possibilities of an online information network which would link library collections and other resources. Library users would be able to search one database for a range of information resources and, through a series of co-

operative arrangements, would have access to those resources.

There seemed to be agreement in principle to some sort of cooperative arrangement, but no particulars with regard to the Edmonton scene were presented by the University, and no commitments were made by people attending the session.

## **Planning Stage**

By early 1992, the University had narrowed its choice to four systems: DRA, DYNIX, Innovative Interfaces, NOTIS. GEAC submitted a very late proposal to the University which had the effect of delaying the process and making the system selection process less clear. Potential NEOS participants were encouraged to submit a "wish list" as well as a "must have" list of system requirements. Representatives from government and NAHLA libraries were actively involved with committees from the University of Alberta libraries in the final selection of an automated system. While this was taking place, meetings were held to begin to develop the framework for a partnership. The first few sessions were fairly general, tentative discussions which did not lead to concrete proposals. Gradually, specific issues were isolated and the process of identifying "What I expect from the consortium" and "What I am prepared to contribute to the consortium" was begun. NAHLA members spent several months discussing policy and systems issues in order to formulate a health library position regarding NEOS. We considered document delivery, access, ease of use, cata-

loguing, maintenance and support, costs, and OPAC requirements including appearance of introductory menus and display of local holdings.

By the Fall of 1992, discussions with the University were much more focused and included statements of intent regarding such topics as cooperative collection development, reciprocal borrowing privileges, copy cataloguing, staff training and development, on-site access, and cooperative database development.

## **Concerns**

There were three major areas of concern which had to be addressed:

1. **MeSh vs LCSH** – Most NAHLA libraries use the National Library of Medicine classification scheme and Medical Subject Headings (MeSh) for cataloguing. However, the John W. Scott Health Sciences Library at the University of Alberta uses Library of Congress classification and subject headings to organize its collection. All of the library automation systems under consideration could accommodate different call numbers, but varied in their ability to integrate MeSh and LCSH.

We considered the possibility of a separate "hospital/health" database, but in addition to the extra costs to NAHLA members, this would have meant that the collection of the John W. Scott Library, the largest health sciences library in the consortium, would NOT be included in the "hospital/health" database. We had major concerns about the effect of this arrangement on our users.

As this issue has not been finally resolved NAHLA would welcome suggestions based on other libraries experiences with the MeSh vs LCSH question.

2. **Identification of Costs** – While most administrators were able to recognize the benefits of consortium membership, they were unwilling to make any commitment without a clear understanding of the "exact" financial implications. The University provided general guidelines and "ball park" figures for working out costs, but there was not enough hard data to present a strong case to our respective administrators. This became a very real stumbling block – the University needed to know how many partners there would be in order to make its final selection and complete negotiations with the vendors, but NAHLA representatives were unable to make any commitments without a detailed statement of start-up and ongoing costs. This dilemma was not resolved until very late in the process. After DRA was selected in October, 1992.

3. **Lack of Authority** – many potential members who were involved in ongoing discussions about the formation of NEOS, did not have the authority to commit their institutions to join. They were therefore hesitant to make decisions or to commit a lot of time and effort to a process which might not be supported by their respective institutions. This prolonged the tentative nature of the discussions, particularly during the early part of

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NEOS: Forging the Partnership

(continued)

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NEOS: Forging the Partnership  
(continued)

1992. This was frustrating for both the Director of Libraries at the University and also for NAHLA members.

### **Consortium Benefits**

One area in which we were all able to agree was the identification of substantial benefits of becoming partners in the consortium. Interestingly, a number of these benefits are the result of collective action and are independent of the proposed shared technology.

Among these benefits are:

1. A shared library automation platform integrating library catalogues from many institutions on one OPAC. An automation platform capable of meeting the needs of one of Canada's largest academic library systems.
2. A gateway to local, regional, national and international information networks and services.
3. Locally mounted commercial databases for end-user access.
4. Consortium-wide borrowing privileges for clients of member libraries.
5. Cost-effective document delivery with rapid turnaround time.
6. Coordination of collections to reduce duplication.
7. Access to copy cataloguing sources and utilities.

8. Sharing of costs in acquiring expensive electronic information products otherwise beyond the reach of small, specialized libraries.
9. Economies of scale in library systems development and support as well as in the purchase of equipment, publications, products, and services from external vendors.
10. Training and continuing education on consortium applications and general information research and management for member staff.
11. Consortium-wide usage rights and site licensing on videos, software, and other copyrighted information products.

### **The Future**

To date, sixteen libraries have indicated their intention to become shared partners with the University of Alberta libraries in the NEOS consortium. Other libraries, including the Edmonton Public Library, have expressed interest in linking their database with the NEOS database. There is a lot of hard work ahead of us, including defining and setting up governance of the consortium. We are looking forward to participating in this exciting new venture.

**Canadian Directory of Genetic Support Groups, 1992****Canadian Association of Genetic Counsellors**

Book review by:

Elyse Pike,  
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As the survival rate for premies, micro-premies and children diagnosed with uncommon and exotic syndromes increases, families are often faced with complicated long term care of children who have special needs far beyond those of most children. You can talk to other parents about teething problems but who has even heard of Rett Syndrome?

Disease support groups are often an answer to a need for patients and families for information regarding disease mechanism, treatments and for ongoing support, both emotional and financial. Support groups for more common syndromes such as Cystic Fibrosis, or Arthritis are not hard to find and are frequently listed in the phone book. For others you may have to look long and hard.

This new Guide may make your search slightly easier. Designed to serve both professionals and families, the guide locates support groups in Canada for over 200 diseases and syndromes. A listing of genetics centres in Canada is also provided. The loose leaf format lists each support group on a single page with room left for notes or any local information you may wish to include. Canadian groups are preferred but groups in the US are listed if no Canadian group was identified. To keep the directory timely, supplements will be automatically issued to all sub-

scribers as new information is obtained.

The directory is an ambitious effort but suffers from some minor problems. The selection of syndromes and diseases designated as genetic seems to be loosely structured. As well as commonly recognized genetic syndromes, diseases such as alcoholism, cancer, blindness and stuttering, to name a few, are included. A second problem occurring occasionally is that for some diseases, a single provincial chapter or association may be noted but the national resource may not be listed. Example: The Alberta Migraine Assistance Association (Provincial) is listed but the Migraine Association (National) is not.

Minor quibbles aside, this directory could be a valuable addition to your collection and an excellent source for Canadian groups. Add it to the *Directory of National Health-Related Organizations and Associations in Canada* published annually in *Health Dimensions* and the American support groups directory published each year in *Exceptional Parent* magazine, and you should have no trouble meeting the support group source needs of your institution's health professionals as well as families interested in genetic illness.

**Ordering Information:**

\$21.00 + \$5.00 shipping and handling  
(\$6.00 outside Canada)

Please send check or money order to:

Gayle Sheridan  
Children's Hospital of Western Ontario  
800 Commissioner's Road East,  
London Ontario N6C 2V5

Telephone: (519) 685-8140  
Fax: (519) 685-8214

# Book Review Section

## **Peak Performance**

### **CHLA/ABSC 17th Annual Conference**

**June 12 - 16, 1993**

**Banff, Alberta**

The Canadian Health Libraries Association has its 17th Annual Conference on June 12 - June 16, 1993, and it promises to be an exciting one!

The setting is Banff, Alberta, amidst the splendour of the Canadian Rockies, in Canada's first national park. The objectives are to examine how health libraries can maximize their performance in these times of rapid change and shrinking budgets.

Pre-conference and post-conference continuing education courses will include:

- Maximizing Customer Satisfaction
- Total Quality Management
- Teaching/Training Skills Workshop
- Geriatric and Gerontology Information Resources
- Telecommunications / Networking Issues
- Grateful Med

Edward Huth, editor of the *Online Journal of Current Clinical Trials*, will open the conference by speak-

ing on "Electronic Publishing". John Parboosigh will follow with "Continuing Medical Education : an instrument for the maintenance of clinical competence" and Jean Roberts will conclude by speaking on "Empowerment".

The rest of the conference promises to be as exciting with topics such as "Gene Technology", "Harnessing the Whirlwind : information technology in the service of Aesculapius" and a panel discussion on "Meeting the Challenge of the Changing Library Environment".

Don't miss it! Circle the dates in your calendar and plan to attend. For further information contact:

Barbara Hatt,  
Conference Co-Chair  
Hospital Library  
Alberta Children's Hospital  
1820 Richmond Road, S.W.  
Calgary, Alberta T2T 5C7

Tel: (403) 229-7077  
Fax: (403) 229-7221

Envoy: ill.acach

## **CHLA/ABSC Award of Outstanding Achievement**

To be eligible for the Award of Outstanding Achievement, a candidate must have made a significant contribution to the field of health sciences librarianship in Canada. The candidate's contribution must be of more than passing importance, interest or local advancement. In addition, the candidate must fulfil at least one of the following:

1. be currently registered as a member of the Association;
2. be currently employed as a health sciences librarian;
3. have been a health sciences librarian for part of a currently active career;
4. currently teach a formal course in health sciences librarianship,

or have taught and made a significant contribution to the development of health sciences curricula.

Nominations must provide specific examples of the nominee's contributions to the field of Canadian health sciences librarianship. A curriculum vitae, including publications of the candidate, should be included.

Nominations must be received by February 1, 1993. Please mail to:

Ada Ducas  
CHLA/ABSC Past President  
Head, Science Library  
211 Mackray Hall  
University of Manitoba  
Winnipeg, Manitoba R3T 2N2

## **Call for Nominations for CHLA/ABSC Honours and Awards**

## **CHLA/ABSC Tenth Anniversary Commemorative Award**

The Tenth Anniversary Award recognizes that one of the most tangible means whereby the mission of CHLA / ABSC is accomplished is through the activities of its Chapters. The Award, therefore, is available to Chapters in order to further the CHLA/ABSC mission. It is in the amount of \$500.00 and is offered annually.

**Eligibility and application criteria:**

1. All chapters in good standing are eligible to apply.
2. The President of the Chapter must submit a detailed summary of the special activity on which the judgement is to be based. The submission must be co-

signed by any other member of the executive. This submission is distinct from any annual report submitted to the Board.

3. The activity which forms the basis upon which a Chapter applies for an award may take place in a given year or be represented by the efforts of several years.

Submissions must be received by May 1, 1993. Please mail to:

Jennifer Bayne  
CHLA/ABSC President  
Fudger Medical Library  
Toronto General Hospital  
Bell Wing, Floor 9  
585 University Avenue  
Toronto, Ontario, M5G 2C4

*Call for Nominations for  
CHLA/ABSC Honours and Awards**(continued)***Honorary Life Membership in CHLA/ABSC**

To be eligible for the Honorary Life Membership in the CHLA / ABSC, a candidate must have played an active role in the affairs of the Association, and have fulfilled the following:

1. be at or near the close of an active career in health sciences librarianship;
2. hold a regular membership at the time of the nomination;
3. have made a significant contribution to the advancement of the purposes of the Association.

A curriculum vitae and a statement of the candidate's contributions to, and activities within, the Association must be included.

Nominations must be received by February 1, 1993. Please mail to:

Ada Ducas  
CHLA/ABSC Past President  
Head, Science Library  
211 Mackray Hall  
University of Manitoba  
Winnipeg, Manitoba R3T 2N2

**CHLA/ABSC Student Paper Prize****Eligibility**

The contest is open to all students in or recently graduated from a library or information sciences program, a library techniques program or a program in a related faculty. Registered students may be full or part-time. Articles submitted must be written while the student is enrolled in a program of study, or within one year of graduation.

A statement from a faculty member verifying that the article was written in accordance with the above requirements must accompany each paper.

Multiple-author papers are eligible but in the event that such a paper is selected only one prize will be awarded, divided evenly amongst all authors.

The prize winner must be willing to have the paper published in *Biblio-*

*thecha Medica Canadiana*, the official journal of CHLA/ABSC.

**Prize**

The author of the winning paper will receive \$150.00 in cash and free registration for the CHLA/ABSC Annual Conference to be held June 12 - June 16, 1993 in Banff, Alberta. The winning paper will be published in *Bibliotheca Medica Canadiana*.

**Content and format**

The paper should provide an in-depth analysis of a topic in health sciences librarianship or information science that is of interest to CHLA / ABSC members. The paper should not exceed twenty double-spaced typed pages and must not have been previously published. All references should be given in the Vancouver style; see Canadian Medical Association Journal 1985; 132:401-405. Contri-

butions should be submitted on disk, preferably in WordPerfect 5.1 format.

All entries will be blind-reviewed. Three copies of the manuscript should be submitted together with a single cover sheet containing the full title of the article and for each author, name, a brief bibliographic sketch, degree program and institution, home address and telephone number.

Entries should be mailed to:

Student Paper Prize  
CHLA/ABSC  
P.O. Box 94038  
3332 Yonge Street  
Toronto, Ontario, M4N 3R1

Submissions must be postmarked later than April 30, 1993.

### **Judging**

The panel of judges comprises the CHLA / ABSC Continuing Education Coordinator, the Editor of **Bibliotheca Medica Canadiana**, and one other person appointed by the CHLA / ABSC President. The judges will read and evaluate all entries for style and readability, originality and suitability for publication. The decision of the judges is final. If, in the opinion of the judges no article submitted satisfies these criteria, the judges reserve the right not to declare a winner.

Announcement of the award will be made at the Annual General Meeting in Banff, Alberta on June 15, 1993. The winner will be contacted prior to that date. ■

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*Call for Nominations for  
CHLA/ABSC Honours and Awards*

(continued)

# **Appel pour les nominations pour les honneurs et les prix de l'ABSC/CHLA**

## **Prix d'excellence de l'ABSC/CHLA**

**P**our être admissible, un candidat doit avoir fourni une contribution importante au domaine de la biliothéconomie médicale au Canada. Cette contribution doit présenter un intérêt et un caractère durables, et doit dépasser le cadre local. De plus, le candidat doit satisfaire à au moins une des exigences suivantes:

1. être membre en règle de l'association, ou
2. travailler présentement comme bibliothécaire en sciences de la santé, ou
3. avoir oeuvré comme bibliothécaire spécialisé en sciences de la santé pour une partie de sa carrière en cours, ou
4. être présentement professeur attitré en biliothéconomie médicale ou avoir

enseigné et avoir apporté une contribution valable au développement des programmes de sciences de la santé.

Les candidatures seront accompagnées d'exemples spécifiques de la contribution du candidat à la biliothéconomie médicale au Canada. On inclura un curriculum vitae énumérant les publications du candidat. Les mises en candidature doivent être postées au plus tard, le 1<sup>er</sup> février 1993.

Les mises en candidature doivent être soumises par écrit à:

Ada Ducas  
ancienne présidente ABSC / CHLA  
Science Library  
211 Mackay Hall  
University of Manitoba  
Winnipeg, Manitoba  
R3T 2N2

## **Prix commémorant le dixième anniversaire de l'ABSC/CHLA**

**L**e prix commémorant le dixième anniversaire de l'ABSC / CHLA permet de mettre en évidence le rôle primordial que jouent les chapitres dans l'accomplissement de la mission de l'associa-

tion. C'est donc pour servir cette mission que ce prix s'adresse aux différents chapitres de l'ABSC / CHLA. Le prix, décerné chaque année, est d'un montant de 500\$.

### **Admissibilité et conditions requises:**

1. Tout chapitre bien établi peut se proposer.
2. Le président ou la présidente du chapitre intéressé doit soumettre, au plus tard un mois avant l'assemblée générale annuelle, un sommaire détaillé de l'activité qui pourrait lui valoir ce prix. Ce document doit aussi être signé par un autre membre de l'exécutif du chapitre et se distingue de tout rapport annuel soumis au conseil d'administration.
3. L'activité qui vaudrait au chapitre de recevoir le prix peut correspondre au

travail d'une année donnée ou être le résultat d'efforts effectués durant plusieurs années.

Les mises en candidature doivent être soumises par écrit, avant le 1<sup>er</sup> mai 1993, à:

Jennifer Bayne  
présidente de l'ABSC/CHLA  
Fudger Medical Library  
Toronto General Hospital  
Bell Wing, Floor 9  
585 University Avenue  
Toronto, Ontario  
M5G 2C4

## **Membre honoraire à vie de l'ABSC/CHLA**

**P**our être admissible au statut de membre honoraire à vie de l'ABSC / CHLA, un candidat doit avoir joué un rôle actif dans les affaires de l'association et satisfaire aux exigences suivantes:

1. avoir atteint ou être près d'atteindre la retraite au terme d'une carrière active en bibliothéconomie médicale;
2. être membre en règle de l'association au moment de la mise en candidature;
3. avoir apporté une contribution valable à l'avancement des causes soutenues par l'association.

Les mises en candidature doivent être soumises par écrit avant le 1<sup>er</sup> février 1992, à:

Ada Ducas  
ancienne présidente ABSC/CHLA  
Science Library  
211 Mackray Hall  
University of Manitoba  
Winnipeg, Manitoba R3T 2N2

Les candidatures seront accompagnées d'une liste des contributions du candidat et de ses activités au sein de l'association.

*Appel pour les nominations pour les honneurs et les prix de l'ABSC/CHLA*

*(continued)*

## **Prix du meilleur article d'étudiant**

### **Admissibilité**

**L**e concours est ouvert à toute personne poursuivant des études ou récemment diplômée en bibliothéconomie, en informatique, en techniques de documentation et autres programmes connexes. Les étudiants peuvent être inscrits à plein temps ou à temps partiel; les diplômes devraient avoir complété leurs études au plus tôt un an avant la date de clôture du concours, soit le 31 mars 1993. Les articles soumis doivent avoir été rédigés alors que le concurrent était encore aux études, ou au cours de la première année suivant l'obtention du diplôme.

Chaque article doit être accompagné d'une attestation d'un professeur, comme quoi il a été rédigé conformément aux directives ci-dessus. Les articles écrits en collaboration sont admissibles; cependant, si un tel article était choisi, un seul prix serait attribué et partagé également entre les coauteurs.

Le gagnant doit accepter que son article soit publié dans *Bibliotheca Medica*

*Canadiana (BMC)*, le bulletin officiel de l'ABSC / CHLA.

### **Prix**

Un montant de 150\$ et une inscription gratuite au congrès annuel 1993 de l'ABSC / CHLA, qui aura lieu du 12 au 16 juin prochain à Banff, Alberta. L'article gagnant sera publié dans *BMC*.

### **Contenu et format**

L'article devrait fournir une analyse en profondeur d'un sujet d'actualité en bibliothéconomie ou en informatique, susceptible d'intéresser les membres de l'ABSC / CHLA. L'article devrait être remis sur disquette, on préfère le format WordPerfect 5.1. L'article ne devrait pas dépasser 20 pages dactylographiées à double interligne, et doit être inédit. Toutes les références doivent être présentes dans le style Vancouver; voir le *Journal de l'Association médicale canadienne* 1985;132:401-5.

Toutes les participations seront jugées impartiallement. L'auteur doit soumettre trois copies du manuscrit avec une page de présentation comprenant les infor-

*Appel pour les nominations  
pour les honneurs et les prix de  
l'ABSC/CHLA*

*(continued)*

mations suivantes: le titre complet de l'article; le nom de l'auteur (et des co-auteurs, s'il y a lieu), ainsi que de brèves notices biographiques; le programme et l'institution auxquels l'auteur (les auteurs) se rattache(nt); les adresses et les numéros de téléphone. On doit faire parvenir le tout à:

Concours du meilleur article d'étudiant  
ABSC/CHLA  
C.P. 94038  
3332 Yonge Street  
Toronto, Ontario M4P 2G9

Les mises en candidature doivent être postées au plus tard, **le 31 Mars 1993.**

**Jugement**

Un panel composé du coordonnateur, perfectionnement, de l'ABSC / CHLA, de l'éditeur du BMC et d'une autre personne nommée par le président de l'ABSC / CHLA, lira et évaluera chaque participation quant à l'originalité, la valeur et la pertinence de l'information présentée, l'uniformité et la précision, le style, la lisibilité et la pertinence à la publication. La décision des juges sera irrévocable. Si aucun article ne satisfait à ces exigences, les juges se réservent le droit de ne pas choisir de gagnant.

L'annonce du prix sera faite à l'assemblée générale annuelle, le 15 juin 1992, à Banff. On communiquera avec le gagnant cette date. ■

## PROMOTIONAL MATERIALS

**We have answers / Un rendez-vous avec l'information**

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Posters		\$ 5.00
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## CHLA/ABSC Merchandise

## PUBLICATIONS

### **Standards for Canadian health care facility libraries: qualitative and quantitative guidelines for assessment, 1989**

CHLA/ABSC Task Force on Hospital Library Standards

ISBN 0-9692171-1-0 Softcover

25.00 CHLA/ABSC Members,

30.00 All others

Postage and handling 2.50,  
Outside Canada 5.00.

This report comprises the first substantial revision to standards for health libraries in Canada in a decade. The report took two years to complete and relies heavily upon data obtained during that period

from health libraries throughout Canada; as such it reflects current health practices.

The report presents descriptive standards for libraries. To assist in the interpretation of these descriptive standards are qualitative and quantitative guidelines, as well as an assessment form which can serve as

an overall audit for health libraries. Also included are an interpretation for small health libraries, sample terms of reference for library committees, detailed descriptions of the tasks and responsibilities of library staff at various levels, a selection of simple audits and a lengthy guide to physical planning.

### **Workload measurement systems : a guide for libraries, 1992**

CHLA/ABSC Task Force on the CHA/MIS Guidelines

ISBN 0-9692171-3-7 Softcover

30.00 CHLA/ABSC Members

40.00 All others

Includes postage and handling.

This publication marks the culmination of three years' work by the Task Force entrusted with the task of laying the groundwork for developing national guidelines for collecting data on library workload measures.

It also constitutes the course guide for a workshop accredited by CHLA/ABSC and the Medical Library Association (MLA).

Readers are given a thorough grounding in the basic terminology and salient features of workload

measurement systems (WMS). The Guide contains detailed instructions on how to design and implement WMS programs to meet the disparate needs of libraries of various types and sizes. The value of WMS as a departmental management tool to assist in performance and budget monitoring is stressed.

Included in the Guide are sample data collection and assessment forms, a conceptual model delineating primary and secondary library functions and an annotated bibliography.

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# Telemicine Schedule Spring 1993

If you have ideas for sessions you would like to hear, or that you would like to present, contact Patrick Ellis, CHLA / ABSC CE Coordinator.

**February 26, 1993**

***Questionnaires: a medium for gathering user perspective***

Kaireen Chaytor

School of Public Administration  
Dalhousie University  
Halifax, Nova Scotia

**April 2, 1993**

***Access to native and northern health information***

Bill Owen

W.K. Kellogg Health Sciences Library  
Dalhousie University

**April 23, 1993**

***Buying CD-Rom : a beginner's guide***

Jan Figurski

University Hospital  
London, Ontario

**May 14, 1993**

***One library several libraries : developing a shared library service***

Susan Hendricks, Silvia Spice  
Oshawa General Hospital  
Oshawa, Ontario

**June 4, 1993**

***Introduction to Internet***

Elaine Boychuk

Killam Library  
Dalhousie University

**June 25, 1993**

***The fairy tale comes true : an inhouse integrated system***

Judy Barnes

Sarnia General Hospital  
Sarnia, Ontario

**M**ark your calendar now for the 29th Annual Conference of the Upstate New York and Ontario Chapter of the Medical Library Association (UNYOC/MLA).

**Wednesday October 6 to Saturday October 9, 1993**

Toronto Hilton Hotel  
145 Richmond Street West  
TORONTO, Ontario

Theme: **Focus on the customer**

Contact: Elizabeth Reid  
R.C. Laird Health Sciences Library  
The Toronto Hospital  
Toronto Western Division

399 Bathurst Street  
Toronto, Ontario, M5T 2S8  
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## **Focus on the customer at UNYOC 1993**

### **Call for Posters and Papers**

**T**he Program Committee of the 1993 UNYOC Conference invites submissions of papers for presentation at the contributed papers session to be held Thursday, October 7, 1993. Approximately 20 minutes will be allotted to each presentation, including questions and answers. Papers may describe innovative practices or research findings. Suggested topics include, but are not limited to:

- value added services
- anticipating changes in information technology
- optimizing new technology
- expanding the role of librarians as information providers
- libraries without walls or ceilings
- meeting the challenges of TQM
- changing accreditation standards

• consumer information advocacy

Please submit abstracts of 250 words or fewer, double-spaced on 8.5" x 11" white paper to:

Jan Greenwood  
Associate Director, Corporate  
Records and Library Services  
Ontario Medical Association  
525 University Avenue, Suite 300  
Toronto, Ontario, M5G 2K7

Include primary author's name, address and business telephone number. The deadline for abstract submission is April 2, 1993 and notice of preliminary acceptance will be made by April 30, 1993. Copies of final papers must be submitted by August 6, 1993.

The program committee also invites preliminary proposals for poster sessions that will not be limited to the topics cited above. Please submit topic, brief description and author's information to Jan Greenwood at the address given no later than April 2, 1993. ■

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## **Manuscripts**

The editors of **Bibliotheca Medica Canadina** welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

Contributions should be submitted **on disk, preferably in Word-Perfect 5.1 format, and also printed in duplicate** and the author should retain one copy. Contributions should be **double-spaced** and **should not exceed ten pages or 3500 words**. Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the **Oxford English Dictionary**; exceptions shall be at the discretion of the editors.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

## **References**

All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

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Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles. ■

## **Information for Contributors**

# Avertissement aux auteurs

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Les rédacteurs de la *Bibliotheca Medica Canadiana* sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

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autres abréviations obscures. L'orthographe se conformera à celle du *Robert*; les exceptions à cette règle seront à la discrétion de la rédaction.

Tout article devrait s'accompagner d'une lettre explicative fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

## **Références**

Toute référence devrait être citée selon le style dit de Vancouver; voir le *Journal de l'Association médicale canadienne* 1985;132:401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

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